

DEC 13 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

39370  
Do not use this space.

10357

## 1. PLACE OF DEATH

(a) County..... Registration District No..... 791  
 (b) Township..... Primary Registration District No..... 1003  
 (c) City..... St. Louis, Mo. (d) Street No. Missouri Baptist Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME Mrs. Elizabeth Bishop.

(a) Residence, No. 4517a Arco St. 18  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bishop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 76 4 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Terre Haute, Indiana  
 (STATE OR COUNTRY)

13. NAME Benson

14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

17. INFORMANT Mark T. Bishop  
 (ADDRESS) 4517a Arco Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem. DATE NOV. 8, 1937

19. FUNERAL DIRECTOR Beiderwieden Funeral H. Inc.  
 (ADDRESS) 1936 St. Louis Avenue

20. FILE NOV 8 1937 J. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1937, to Nov. 5, 1937

I last saw her alive on Nov. 4, 1937. Death is said to have occurred on the date stated above, at 1:00 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset

Other contributory causes of importance:

Name of operation Date of  
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify (Signed) Franz Stern, M. D.  
 (Address) 4500 Olive

STATEMENT BY LICENSED EMBALMER

I, Felix J. Krupin, Licensed Embalmer No. 3497

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Felix J. Krupin  
Licensed Embalmer No. 3497

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**